

## FOR INSTRUCTIONS, SEE BACK OF FORM

## CHECK ONE:

- ☒ This is an Initial Statement of Organization  
☐ This is an amended Statement of Organization

\*An Initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of change. Penalties may be imposed for late-filed Statements of Organization.

FORM DR-1 (Rev. 05/02)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	
Indexed _____	
Audited _____	
Computer _____	

## COMMITTEE NAME (Required by law)

Kuper for Treasurer

## IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support state of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER  
(Required by law)

This address used for all reminders and correspondence)

## COMMITTEE CHAIR (List additional officers on separate page)

Name Kurt Kelsey  
 Mailing Address 14083 P Ave  
 City, State Zip Code IOWA FALLS, IA 50126  
 Phone (641) 648-9086  
 e-Mail kelsey@prairie.net

Name Keith Kuper  
 Mailing Address P.O. Box 516  
 City, State Zip Code IOWA FALLS, IA 50126  
 Phone 641 648-2506  
 e-Mail charterag@gmail.com

## INDICATE PURPOSE OF COMMITTEE - Check One Box

☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)

Comment or description: Committee to elect Marian Kuper to Hardin Co Treas

## All Candidates Enter:

Office Sought: Hardin County Treasurer

District: \_\_\_\_\_

## Political Party (if applicable)

DemocratYear Standing for Election: 2010

## County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: HardinDate of Election: 4-20-10

## Bank Account Name

## Name of Financial Institution/type of Account

Greenbelt Bank & Trust

## Mailing Address

P.O. Box 790

City

Iowa Falls

State

IA

Zip

50126

## Candidate name &amp; Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Marian Kuper

## Mailing Address

10749 Co Hwy 555

City

Ackley, IA

State

IA

Zip

50601Phone 641 640-0022e-Mail marian.kuper@gmail.com

## DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box:

(1) DONATED TO COUNTY CENTRAL COMMITTEE(2) DONATED TO LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) \_\_\_\_\_

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

## STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$50.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 58B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Date Signed

2-19-10

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IA ETHICS AND  
CAMPAIGN DISCLOSURE